

HUMANA (HMO)

COVERAGE PLAN DESCRIPTION	Humana Inc. is one of the nation's leading managed care companies. Its South Florida Health Maintenance Organization provides primary and specialty services throughout its network of 1440 primary care physicians, 3,800 specialists, and 62 hospitals. Employees must select a primary care physician from the participating provider network. Other features include award-winning chronic conditions management programs, mail-order prescription services, and HumanaFirst, a 24-hour medical information hotline. Visit Humana website at http://www.humana.com
DEDUCTIBLES/COPAYMENTS	Copayments \$10 physician office visit \$25 Emergency room (waived if admitted) \$7/\$15/\$25 prescription for 30-day supply based on formulary \$21/\$45/\$75 mail-order prescriptions available for 90-day supply based on formulary
PHYSICIANS	Physician services are covered in full when provided or arranged by one of our over 1100 primary care physicians, chosen from our participating provider directory.
IN-HOSPITAL PHYSICIAN SERVICES: A. Surgery/Visits & Consultations B. Anesthesiologist	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician.
OUT-PATIENT PHYSICIAN SERVICES:	
Office visits for illness	\$10 copay per visit, then 100% (PCP) 100%, no copay (specialist)
Office visits for injury	\$10 copay per visit, then 100% (PCP) 100%, no copay (specialist)
Diagnostic X-Rays, Lab Tests, X-Ray Treatments	\$10 copay per visit, then 100% (PCP) 100%, no copay (specialist)
Pediatrician 1) Medically Necessary (Illness)	\$10 copay per visit, then 100% (PCP) 100%, no copay (specialist)
2) Preventive (Child Health Supervision Services)	\$10 copay per visit, then 100%. Limited to one (1) exam per calendar year for adult physical exam
Routine Physical	\$10 copay per visit, then 100%. Limited to one (1) exam per calendar year for adult physical exam
Obstetrical/Gynecological	\$10 copay per visit, then 100% (PCP). 100%, no copay (specialist). Limited to (1) exam per calendar year. Mammograms are covered at 100%
Hospitalization *Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.	Benefits payable at 100% at following affiliated hospitals: MIAMI-DADE COUNTY Anne Bates Leach • Aventura • Cedars • Health South Doctors • Healthsouth Larkin • Hialeah • Jackson North Maternity Center • Jackson South Community Hospital • Kendall Regional • Miami Children's • Miami Heart • North Shore • Palmetto General • Parkway Regional • South Shore • University of Miami/Jackson Memorial Hospital & Clinics BROWARD COUNTY Plantation General • Memorial Hospital West • Memorial Hospital Pembroke • Memorial Regional Hospital • University Medical Center • Westside Regional Medical Center
Hospital/Surgical Requirements: Precertification of hospital confinements	All non-emergency confinements and physician/surgeon charges are precertified through Humana Medical Plan, Inc.
Drug & Alcohol Treatment Inpatient:	Covered at 100% for medically necessary detoxification.

Outpatient:	Covered at 100% for detoxification. Excluding detoxification, other services limited to lifetime maximum of 44 visits. Member is responsible for all amounts over \$35 per visit
Mental & Nervous Disorders Inpatient:	Covered at 100% up to 30 days per calendar year.
Outpatient:	\$10 copay per visit, then 100%. Limited to 20 visits per calendar year.
Other Services Ambulance Vision	100% when medically necessary. No copay for one eye exam per 12-month period; \$10 dispensing fee for eyewear. 100% coverage of standard lenses and frames up to \$34 value. Copayments vary for contacts in lieu of eyeglasses.
Prescription Drugs	\$7 per generic; \$15 per brand; \$25 per non-formulary (30-day supply) <u>Mail Order</u> : \$21 per generic; \$45 per brand; \$75 per nonformulary (90-day supply) If member selects brand when generic is available, member pays difference in cost plus generic copay.
Durable Medical Equipment (DME)	Covered at 100%
Out of Area 1. Emergency 2. Non-emergency	The lesser of a \$50 copayment per occurrence or 25% of the reasonable cost of the service; Not covered.
	See plan literature for complete list of benefits.